



F.

**Emergencies** (During non-office hours)

877-925-2748

/ 919-841-4535 /

CARL@NETWORKCLARITY.COM

Telephone Number

Facsimile Number

E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G.

SAME AS A.

**Regulatory Officer** (Include address if different than above.)

Telephone Number

Facsimile Number

E-mail Address

H.

SAME AS A.

**Dual Party Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

I.

SAME AS A.

**Interim LEC Fund Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

J.

SAME AS A.

**Universal Service Fund Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

K.

SAME AS A.

**Gross Receipts Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

L.

SAME AS A.

**Lifeline Mailings** (Name)

Mailing Address

Telephone Number

Facsimile Number

E-mail Address

JENNIFER MENGE

This form was completed by (print name)

ASSISTANT SECRETARY & ASSISTANT TREASURER

Title

Signature

Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
Clerk's Office  
Post Office Drawer 11649  
Columbia, South Carolina 29211

Office of Regulatory Staff  
Attn: Jeanne Gordon  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201

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